Sexually Transmitted Infections
Form 2808

Report the frequency and location of possible symptoms: __________________

Date of last sexual encounter: __________________

Total # sexual encounters: __________________

# with condom use: __________________

8c. Symptoms

<table>
<thead>
<tr>
<th>Present</th>
<th>Absent</th>
<th>Symptom</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
<td>Itch</td>
</tr>
<tr>
<td>□</td>
<td>□</td>
<td>Irritation</td>
</tr>
<tr>
<td>□</td>
<td>□</td>
<td>Pain</td>
</tr>
<tr>
<td>□</td>
<td>□</td>
<td>Discharge</td>
</tr>
<tr>
<td>□</td>
<td>□</td>
<td>Dysuria</td>
</tr>
<tr>
<td>□</td>
<td>□</td>
<td>Ulcer/Lesion</td>
</tr>
<tr>
<td>□</td>
<td>□</td>
<td>Rash</td>
</tr>
</tbody>
</table>

8b. Contact(s) verified by:

(should at least one)

- □ Partner notification card for
- □ Referral source:
- □ NCEDSS event ID
- □ Verbalization of partner/contact
- □ Medical Record of partner/contact

10. Additional Exposure History: “When was the last time you…”

- □ Never

- □ regular

- □ irregular

- □ no

- □ yes

- □ unknown

- □ oral contraceptive pill

- □ injectable – last given:

- □ implant – inserted:

- □ IUD – inserted:

- □ tubal ligation – date:

- □ condom

- □ hysterectomy – date:

- □ diaphragm

- □ other – list:

11. For Women

- □ normal

- □ abnormal

- □ no

- □ yes

- □ frequency

- □ last use:

12. Comments:

Signature/Title of Interviewer: __________________

Interpreter (if used):

Signature of provider, if provider is not the interviewer:

signing indicates this form was reviewed by provider
### Additional findings:

- **Oral cavity:** no lesions; no erythema; no tonsillar exudate
- **Penis:** no lesions; no discharge
- **Scalp, eyes, lashes:** no nits; no hair loss; no eye redness or exudate
- **Scrotum:** no tenderness; no nodules; no lesions
- **Cervical/supraclavicular/axillary/epi-tracheal nodes:** no adenopathy
- **Skin:** clear; no lesions/rashes
- **Abdomen:** no tenderness to palpation; no rebound tenderness
- **Vulva:** no lesions/rashes; no lice/nits
- **Adnexa:** no enlargement; no tenderness
- **Pubic area:** no lesions/rashes; no lice/nits

### Description of discharge (if present):

#### Female Clients
- **Amount:**
  - small
  - moderate
  - large
- **Odor (with or without KOH):**
  - yes
  - no
- **pH:**
  - $>4.5$
  - $<4.5$

#### Male Clients
- **Amount:**
  - small
  - moderate
  - large
- **Color (check all that apply):**
  - clear
  - yellow
  - green
  - color of discharge
  - white swab
  - other

### 13. Physical Examination

- **Temp:**
- **B/P:**
- **Pulse:**
- **Resp:**
- **Weight:**

<table>
<thead>
<tr>
<th>Description of discharge (if present):</th>
<th>Female Clients</th>
<th>Male Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ abnormal:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ no lesions/rashes; no lice/nits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ no lesions; no discharge</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 14. Laboratory

- **Gonorrhea Test:** NAAT culture
- **Cervical**
  - Urethral
  - Urine
  - Cervix
- **Rectal**
  - Pharyngeal
  - Vaginal
- **Urethral Gram Stain:**
  - No GNID
  - ≥ 2 WBC, no GNID found
  - GNID found
- **Herpes Test:** Culture Serology
- **HIV**
- **Chlamydia Test:** NAAT Other
- **Cervical**
  - Urethral
  - Urine
- **Rectal**
  - Pharyngeal
  - Vaginal
- **Syphilis Serology**
- **Stat RPR:** reactive nonreactive
- **Darkfield:** found not found
- **Wet Prep:** clue cells yeast KOH+ white trich WBCs
- **Cervical Cancer:** HPV Pap smear
- **Pregnancy Test:** positive negative
- **Other:**

### 15. Clinical Impressions / Diagnosis

- **Bacterial vaginosis**
- **Candidal infection**
- **Cervicitis / MPC**
- **Chlamydia**
- **Epididymitis**
- **Gonorrhea**
- **Herpes:** 1st episode Recurrent HIV
- **HPV / Genital warts**
- **NGU**
- **Pediculosis pubis**
- **PID**
- **Scabies**
- **Syphilis:** Primary Secondary early latent late latent
time toxemia
tineuritis
- **Tinea cruris**
- **Trichomoniasis**
- **Contact:**
- **STD Screening:** asymptomatic lab tests
- **Other:**

### 16. Treatment / Therapy

- **None**
- **Reviewed client’s allergy history**
- **Reviewed client’s pregnancy status**
- **Reviewed client’s breastfeeding status**
- **Medication instructions according to policy and/or standing order**
- **Restrictions for alcohol consumption given:** Specify:
- **Azithromycin PO**
- **Benzathine penicillin G 2.4 MU IM**
  - single dose
  - 3 doses each 1-week interval
- **Ceftriaxone IM**
- **Doxycycline PO**
- **Metronidazole PO**
- **Acriflavine PO**
- **Cryotherapy**
- **TCA**
- **OTC fungal/yeast**
- **OTC pediculosis pubis**
- **Other:**

### 17. Instructions/Counseling

- **Abstain from sex for days until partner(s) is treated**
- **Use condoms or other barrier methods for risk reduction**
- **RTC if symptoms persist/increase**
- **Partner notification cards given**
- **Printed risk reduction and infection information**
- **Reviewed services provided and tests performed**
- **HIV Control Measures reviewed, and post-test counseling done (if applicable)**
- **Referrals:**

### 18. Follow-up for Test Results:

- **Clinic will call with results only if a test result is abnormal or requires re-testing**
- **Results available through patient portal**
- **Clinic will call for results**
- **Unique password to obtain results by phone:**
  - Preferred phone #s to contact client about results or follow-up:
  - **Clinic may leave message at preferred #**
    - Yes No
- **Other:**

### Signature/Title of Examiner

<table>
<thead>
<tr>
<th>Co-Signature (if needed):</th>
<th>ERRN Time: minutes = units (T1002)</th>
</tr>
</thead>
</table>